



**United States Department of the Interior  
Bureau of Land Management  
Wyoming State Office  
Operating Plan for River Guides**

Permit # \_\_\_\_\_  
(Agency Use Only)

This operating plan is used in BLM decision process. Once the permit is issued, this plan, along with your compliance with permit stipulations, will be evaluated at the end of each permit year.

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

Check all items and fill in the blanks with details. If additional space is needed, attach supplemental pages. If a section does not apply, indicate with NA.

**1. Company Contact Information:** ☐ Individual ☐ Partnership ☐ Corporation

A. Owner/Partner(s) \_\_\_\_\_

B. Phone number where messages are regularly picked-up: (\_\_\_\_) \_\_\_\_\_

C. Other contact if you are unavailable (emergencies only):

Name: \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

D. Do you use an emergency contact device? Yes ☐ No ☐

Radio frequencies used \_\_\_\_\_

Cell Phone Number (\_\_\_\_) \_\_\_\_\_

**2. Company Background Information:**

a. Year this company was established \_\_\_\_\_ Years with current owner \_\_\_\_\_

b. Have you ever been previously permitted for this activity? Yes ☐ No ☐

Permitting Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

c. Have you ever been previously permitted under another name or company owner?

Yes ☐ No ☐

Please provide all previous permit holders:

\_\_\_\_\_  
\_\_\_\_\_

d. Do you have additional currently held recreation permits? ☐ Yes ☐ No

Permitting Agency: \_\_\_\_\_ Dates: \_\_\_\_\_

**3. Public/Private Land Use Information:**

a. Are you a private land owner or do you have access agreements with private land owner(s)?

Yes ☐ No ☐

*If so, please attach a copy(ies) of the warranty deed(s) or access agreement(s).*

b. List all waterways, lakes/reservoirs, other water bodies

Waterway/Waterbody	Location (Put in/Takeout)
_____	_____
_____	_____
_____	_____
_____	_____



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4a. Description of Proposed Use

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b. Describe what experiences you will be providing to customers. (Skill development, tranquility, adventure)

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c. River Related Services and Competitive Events (List # of craft owned and check all other services provided):

- ☐ Boating   ☐ Oar Rafts   ☐ Canoes   ☐ Kayaks   ☐ Inflatable Kayaks   ☐ Motorboats   ☐ Jet Skis  
☐ Drift Boats   ☐ Paddle Boats   ☐ Other: \_\_\_\_\_  
☐ Fishing   ☐ Photography   ☐ Shuttle Service  
☐ Instructional Classes (Describe): \_\_\_\_\_  
☐ Services for People with Disabilities (Describe): \_\_\_\_\_  
☐ Competitive Event (Describe): \_\_\_\_\_  
☐ Other (Describe): \_\_\_\_\_

d. Duration:   ☐ Day Use   ☐ Overnight Use

e. Do you rent boats or other equipment?

Yes ☐ No ☐

If yes, describe: \_\_\_\_\_

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f. Location where you propose to operate

River Name/Section	Put-in	Take-Out	Frequent Stops/Camps	Estimated Client Days	Dates of Use

5a. Are you proposing to set up temporary facilities, caches, or stages?   Yes ☐   No ☐  
(Please list by Township, Range, Section and subdivision to the nearest 40 acre parcel.)

b. Are you proposing to camp on BLM lands?   Yes ☐   No ☐



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**Location & Facilities**

**Dates of Use (If Known)**

**BLM, USFS, State or Private**

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**6a. Recreation Services and Pricing Information:**

Please list pricing packages and all services included (i.e. lodging, transportation, meals and additional activities (attach brochures or flyers if available)).

Example:

Price

\$500

Package information

Full day trip, lunch included, lodging, pickup/drop off and lodging

Price

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Package information

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**6b. Book Keeping Methods:**

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**7a. Transportation:**

Please list all vehicles and trailers used

Make	Model	Type	Color	License #	State
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**8. Sanitation:**

Toilets (check): ☐ Pit ☐ Portable ☐ Chemical ☐ Other

If waste is carried out, please describe method:

Solid waste removal: \_\_\_\_\_

Liquid waste removal: \_\_\_\_\_

**9. Check safety equipment carried on each trip (indicate the # of each item or check all that apply).**

☐ First Aid Kits ☐ First Aid Station ☐ Signaling device ☐ Life Jackets  
☐ MREs ☐ Fire Extinguisher ☐ Cell Phones

Are you or any of your guides certified in first Aid or CPR? ☐ Yes ☐ No

Are you certified life guard?

*Please attach a copy of current certifications.*

**8. Persons that are authorized to represent your business: (list the name, address and position of all employees, guides, part time, and full time. Attach another sheet if needed.**

Name	Address	Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In the past two years have you or any of your company representatives or employees been convicted of a federal, state or local violation in connection with your guide/outfitting operations or associated activities? ☐ Yes ☐ No

If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information given by me in this application is true, accurate, and complete to the best of my knowledge. I acknowledge that I am required to comply with the requirements and stipulations on form 2930-1 and any additional stipulations that are required by the authorized officer when the permit is issued. I further understand that the provision of false information, the failure to abide by this Operating Plan, or the failure to keep permit information updated, are grounds for probation, suspension, or revocation of the permit.

\_\_\_\_\_  
Permittee/Applicant

\_\_\_\_\_  
Date



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**Estimated Fee Calculations**

**Annual Revenue**

Customer Price(s) \_\_\_\_\_

Estimated number of clients per year \_\_\_\_\_

Estimated Annual Gross \_\_\_\_\_

**Fees**

Base fee (\$95.00 or 3% gross, whichever is greater) \_\_\_\_\_

Time on/time off          Percent of BLM Land          Per person Rate \_\_\_\_\_

Designated site fee (\$190.00 per site) \_\_\_\_\_

**Deductions**

Transportation costs \_\_\_\_\_

Lodging \_\_\_\_\_

Compensated Trips \_\_\_\_\_

Permittee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**FLOATING AND FISHING DAILY TRIP LOG**

Outfitter: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

This log is to be submitted with the Post Use Report by January 1, following the reporting year. Include staff in the party size. Base the percent of time on BLM lands on the portion of time that was spent on BLM lands. For example, if your party was at the launch site for an hour, floated for four hours, stopped for an hour on BLM lands, floated another two hours, and then took out on BLM lands which took an hour, then you spent three hours on BLM and six on the river. This would be one third or 33% on BLM.

Date (mm/dy)	Launch Location	Stop Location	Takeout Location	Number of Boats	Gross Income for Trip	Number of Days (a)	Party Size (b)	User Days (a) x (b) = (c)	Percent on BLM (d)	User days on BLM (c) x (d)

**Totals:** (e) gross income) \$ \_\_\_\_\_ (f) user days \_\_\_\_\_ (g) User Days on BLM \_\_\_\_\_

Enter total (e) on line 1 of the Post Use Report.



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Enter totals (f) and (g) in the following calculation:  $(g) / (f) \times 100 =$  %

Put the resulting percentage on line 6 of the Post Use Report.